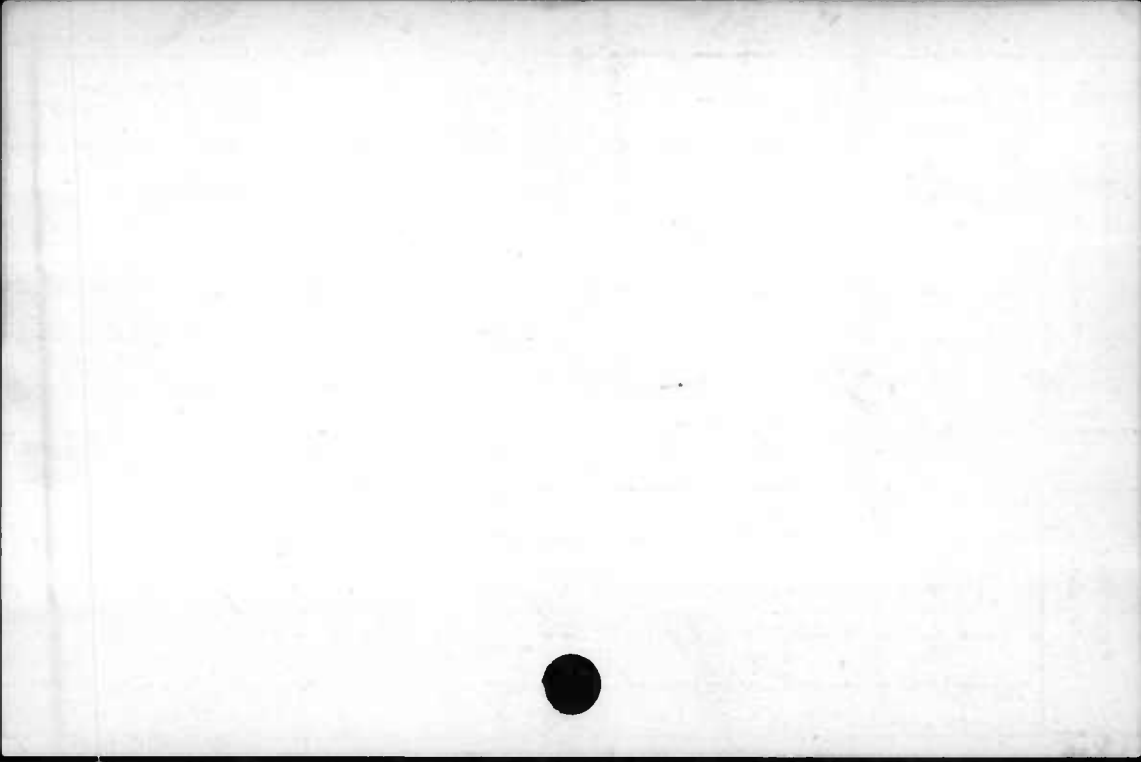


Name in Full		Elegiaeth Parrelly				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Granville		County Garrett		MARYLAND		
	Date of death	1906	Jan	1	Age	89	Months 9 Days 1	
	Sex	Female		Color or Race	White		Birth place	Summit Co, W. Va
	Occupation	Housewife		Where Residing if not at place of death				at Granville
	Married, Single or Widowed	Widow		Name of Wife or Husband				John Parrelly
	Father's Name	Christian Gray				Father's Birthplace	Summit Co, W. Va	
	Mother's Maiden Name	Pamela Parrelly				Mother's Birthplace	Summit Co, W. Va	
Name of person giving information	Mae Yoder				How related to deceased	Daughter		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Sen. Debility			(179)	How long	3 Years	
	Immediate	Heart disease				How long	10 Weeks	
	Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	H. J. Johnson		
					Address	Granville		
Accident or Suicide?			No		md.			



Name In Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Cave</i>				<i>Garrett</i>		MARYLAND			
		Date of death <i>1906</i>		Month <i>Jan</i>	Day <i>25</i>	Age <i>77</i>	Months <i>4</i>	Days <i>4</i>			
		Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>					
		Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Cave Md</i>					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mayeline</i>							
		Father's Name <i>John Bough</i>				Father's Birthplace <i>Germany</i>					
		Mother's Maiden Name <i>Mary White Hoeter</i>				Mother's Birthplace <i>Germany</i>					
		Name of person giving information <i>Harry Bough, Jr</i>				How related to deceased <i>Son</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORDNER		Primary <i>Senility</i>				How long <i>66</i>					
		Immediate <i>Paralysis</i>				How long <i>several years</i>					
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>H R Bayer M.D.</i>					
						Address <i>Piedmont Md</i>					
		Accident or Suicide?									

at. 6.00

Name
in
Full

Thomas Casteel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Near Sang Run* TownCounty *Garrett*

MARYLAND

Date
of death 1906

Month

January

Day

24

Age

Years

58

Months

10

Days

22

Sex

*Male*Color or
Race*White*Birth-
place*Maryland*Married, Single
or Widowed*Married*

Occupation

*Farmer*Name of Wife or
Husband*Susan E. Casteel*Father's
Name*Jesse Casteel*Father's
Birthplace*Virginia*Mother's
Maiden Name*Nancy A. Leats*Mother's
Birthplace*"*Name of person giving
In formation*Susan E. Casteel*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Chronic Diarrhoea

How long

(106)

Immediate

Inflammation of the whole tract of stomach & bowels.

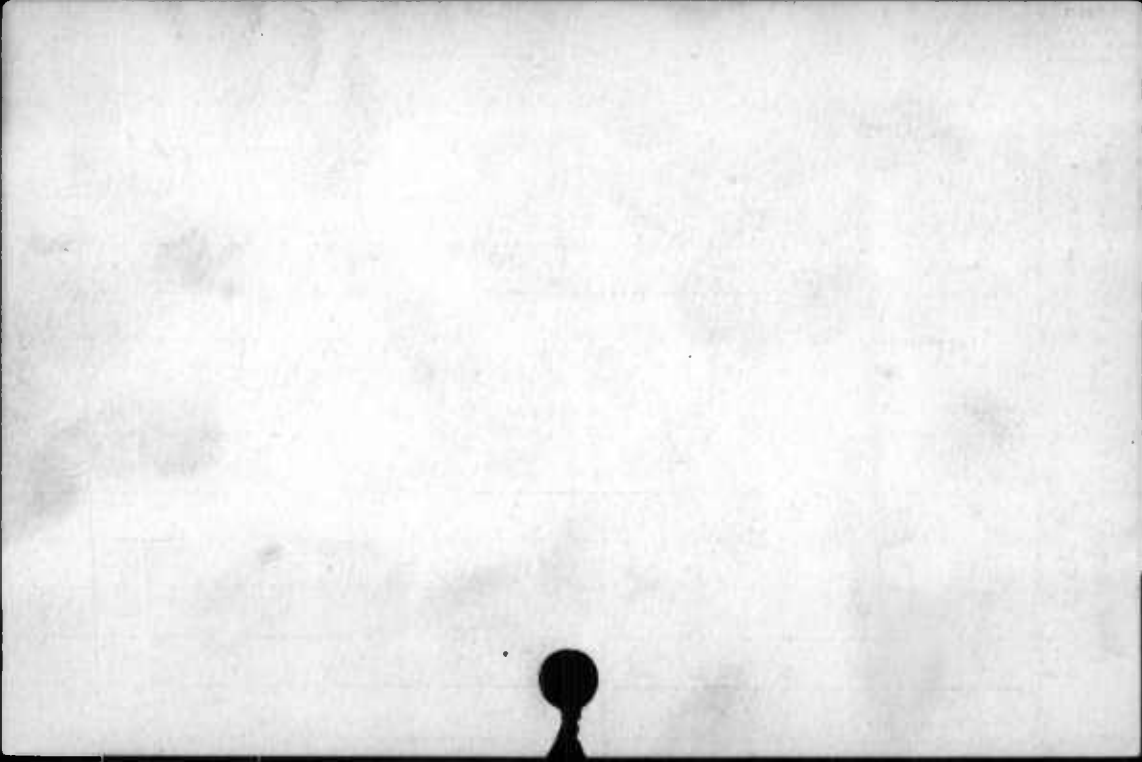
How long

Are the name, age, sex, color, date
and place correctly given above?*Producing great swelling*Signature of
Physician*C. H. Richards M.D.*

Address

*Obregon Mills W.Va.*PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Ethel M Dewitt

CERTIFICATE OF DEATH

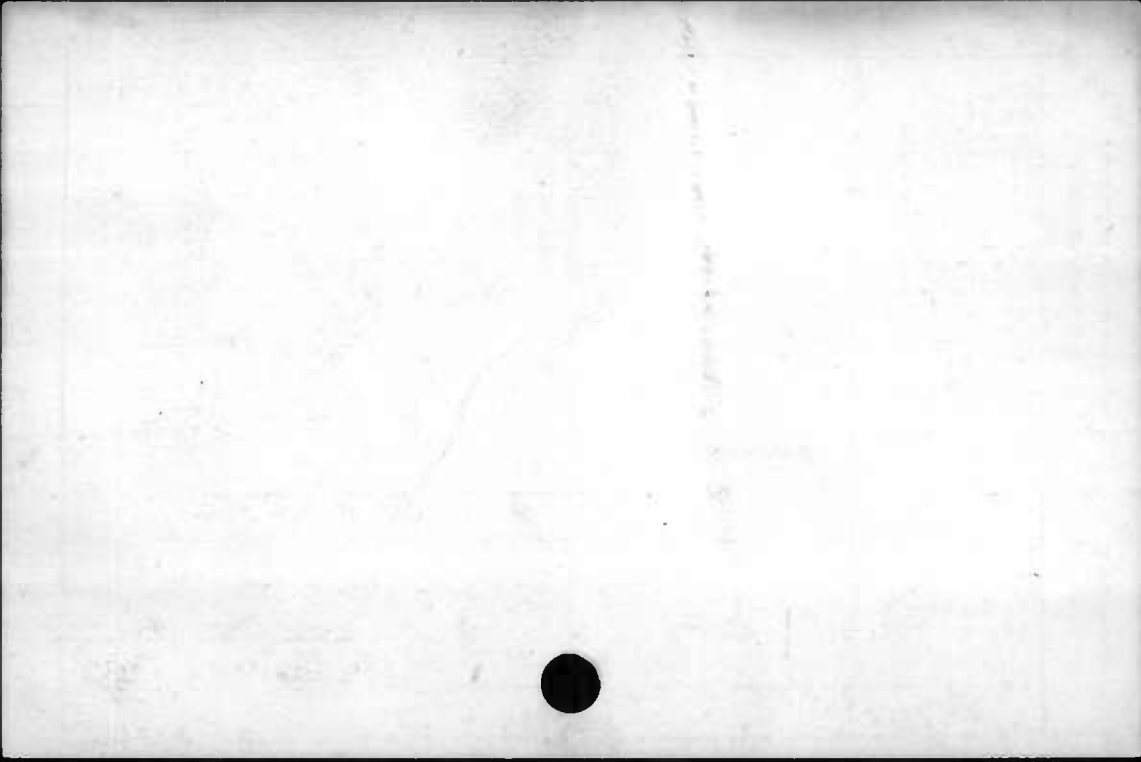
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>White Rock</i>		^{County} <i>Garrett</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>January</i>	Day <i>31</i>	Age <i>—</i>	Months <i>5</i>	Days <i>19</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John T. Dewitt</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Rebecca J. Edwards</i>		Mother's Birthplace <i>Md</i>			
Name of person giving information <i>John T. Dewitt</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	(179)	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. Savage Undertaker</i>
		Address <i>Friendsville Md</i>
Accident or Suicide?	<i>no</i>	Physician attending <i>✓</i>



Name in Full		Mollie Dye				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Friendsville		County Garrett		MARYLAND
	Date of death	1906	Month Jan	Day 14	Age Years 24	Months	Days 1
	Sex	Female		Color or Race	White		Birth- place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
Name of person giving In formation	John H. Dye				How related to deceased		Husband
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Confinement -				How long	(140)
	Immediate	Heart Failure				How long	3 hours
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
				A. Mason M.D.			
				Friendsville			
				Md.			
Accident or Suicide?							

Channing Wm, Pa

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

James William Frazee
Died at Friendsville Town, Garrett County, MARYLAND

Date of death 1906 Jan 12 Age 5 Years 10 Months 25 Days

Sex Male Color or Race White Birth-place Garrett

Occupation Where Residing if not at place of death Friendsville

Married, Single or Widowed Single Name of Wife or Husband

Father's Name M E Frazee Father's Birthplace Garrett

Mother's Maiden Name Ada May Fears Mother's Birthplace Penn

Name of person giving information How related to deceased

(104)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inflammation Stomach How long 8 days

Immediate // How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. Mason

Address Friendsville Md

Accident or Suicide? ☒

Love

Name
in
Full

Mrs Hannah Liller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Cardland* TownCounty *Saint*

MARYLAND

Date of death *1906 Jan* MonthDay *24*Age *57* Years

Months

Days

Sex *Female*

Color or Race

white

Birth-place

W. Va

Occupation

Severid

Where Residing if not at place of death

Married, Single or Widowed

Widow

Name of Wife or Husband

Wm Liller

Father's Name

J. W. McCrum

Father's Birthplace

Not known

Mother's Maiden Name

Lydia McCrum

Mother's Birthplace

Not known

Name of person giving information

Chas Liller

How related to deceased

son

CAUSES OF DEATH

Primary

Rheumatoid Arthritis & Nephritis

How long

How long

Immediate

Uraemic Coma

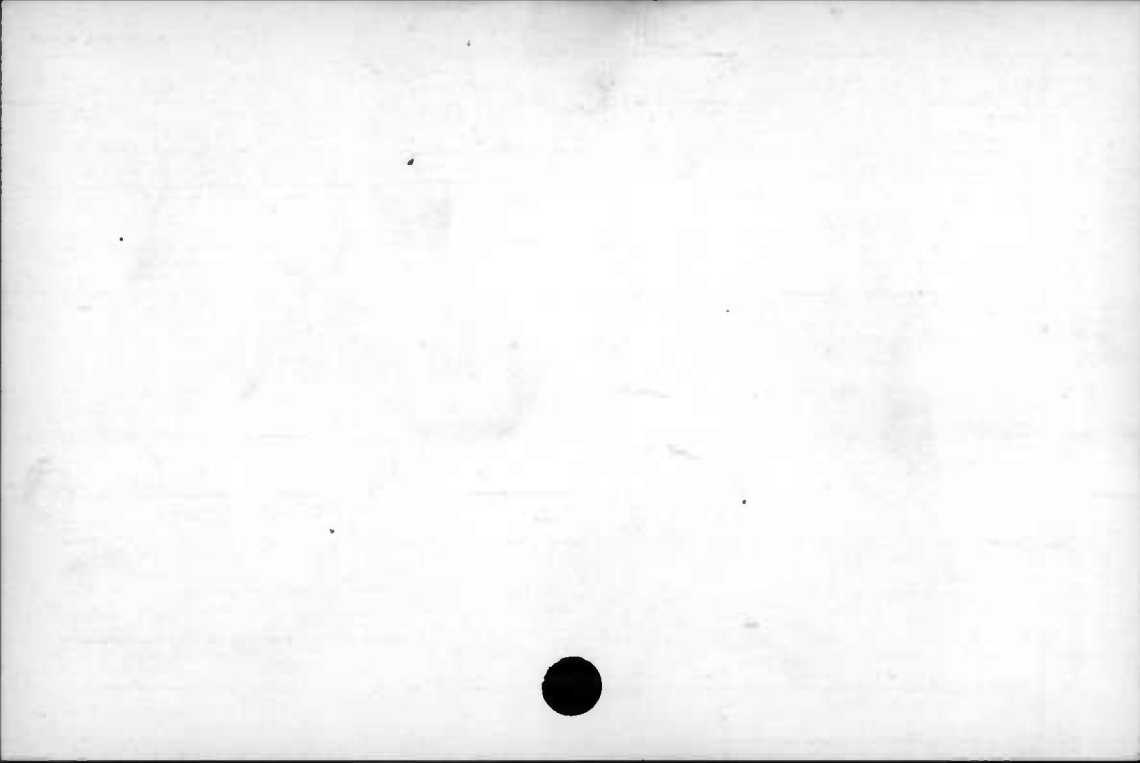
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

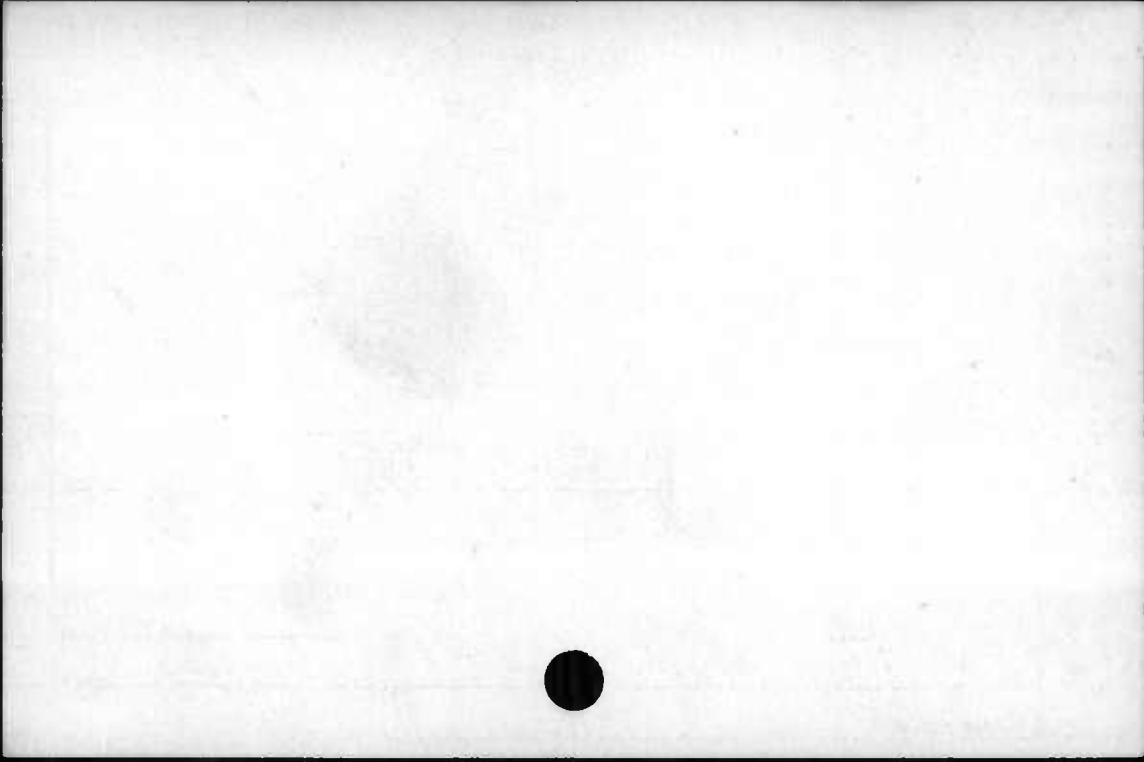
Address

J. E. Legge
Cardland
W. Va

Accident or Suicide?



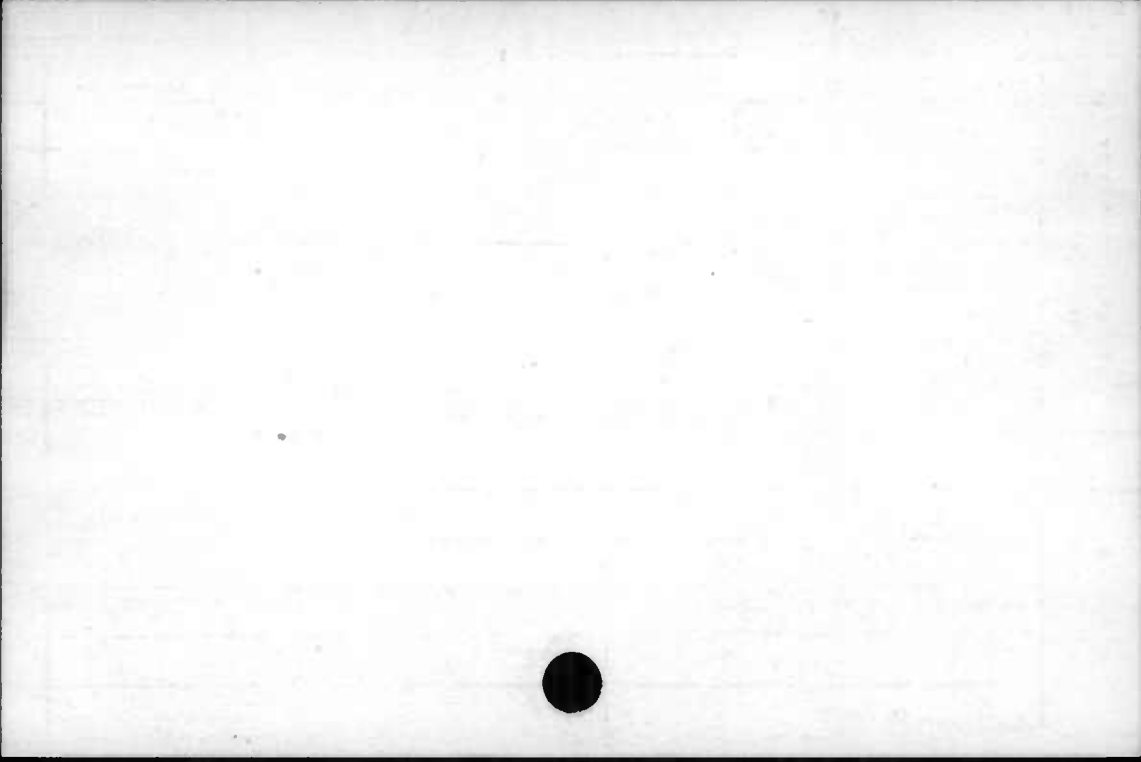
Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cruller Rd</i>		County <i>Garrett</i>		MARYLAND
	Date of death 190 <i>6</i>	Month <i>Jan</i>	Day <i>12</i>	Age <i>12</i>	Months <i>12</i>
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>	
	Married, Single or Widowed <i>Single</i>		Occupation <i>School-girl</i>		
	Name of Wife or Husband				
	Father's Name <i>Samuel Keiper</i>		Father's Birthplace <i>Penna</i>		
	Mother's Maiden Name <i>Martha Sanders</i>		Mother's Birthplace <i>Penna</i>		
Name of person giving information <i>H. D. Freuels</i>		How related to deceased <i>None</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<i>Drowning</i>		How long	<i>Under water</i>
	Immediate			How long	<i>one hour</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. C. Leary</i>		
			Address <i>Chesapeake Ind</i>		
	Accident or Suicide?				



Name in Full		Ethel R Rodgers				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Friendsville	County Garrett	MARYLAND			
		Date of death	1906	Month Jan	Day 2	Age 3	Years 11	Days 8	
		Sex	Female		Color or Race	white		Birth-place	Maryland
		Occupation				Where Residing if not at place of death			
		Married, Single or Widowed	Single		Name of Wife or Husband				
		Father's Name	Charles Rodgers			Father's Birthplace	Mo. D.C.		
		Mother's Maiden Name	Nellie Klise			Mother's Birthplace	Mo. D.C.		
		Name of person giving information	Nellie Rodgers			How related to deceased	Mother		
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary	Pneumonia			How long	3 wks		
		Immediate	"			How long	"		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	A. J. Mason		
						Address	Friendsville		
		Accident or Suicide?							

Steele Country

Name in Full		Elizabeth Savage				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Hearer		County Garrett		MARYLAND	
	Date of death	1904	Month Jan	Day 20	Age 75	Years 7	Months 24
	Sex	Female		Color or Race	white		Birth-place
	Occupation	Widow		Where Residing if not at place of death			
	Married, Single or Widowed	Widowed		Name of Wife or Husband			
	Father's Name					Father's Birthplace	
PHYSICIAN OR CORONER	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Fireman Savage				How related to deceased	
	CAUSES OF DEATH						
	Primary	Old Age				How long	
PHYSICIAN OR CORONER	Immediate	" "				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	
					Address		
Accident or Suicide?		<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: black; border-radius: 50%; margin-right: 10px;"></div> <div> <p>Fireman Savage</p> <p>Frederickville</p> <p>Md.</p> </div> </div>					



Name
in
Full

Kate Schroyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Friendsville

Town

Harrett

County

Date
of death 1906Month
1Day
29

Age 81

Years

Months
—Days
—

Sex Female

Color or
Race whiteBirth-
placeOccupation
HousewifeWhere Residing if not
at place of death

Friendsville Md

Married, Single
or Widowed WidowName of Wife or
Husband

Jm Schroyer

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation

D.C. Friend

How related
to deceased

none

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old age

How long

3 Weeks

Immediate

heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

M E Frazell

Address

Friendsville

Accident or Suicide?

Blooming Rose

Name

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Abraham Spikes
near Oaklands

Town

County

Tarrant

Died at

Date
of death 190

6

Month

June

Day

19

Age

Years

74

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

M

Occupation

Farmer

Name of Wife or
Husband

Sarah Riley

Father's
Name

Jno Spikes

Father's
Birthplace

Md

Mother's
Maiden NameMother's
Birthplace

Md

Name of person giving
information

J. M. Davis

How related
to deceased

None

CAUSES OF DEATH

Primary

Influenza

10

How long

4 weeks

Immediate

Heart failure

How long

few days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

H. W. McManis

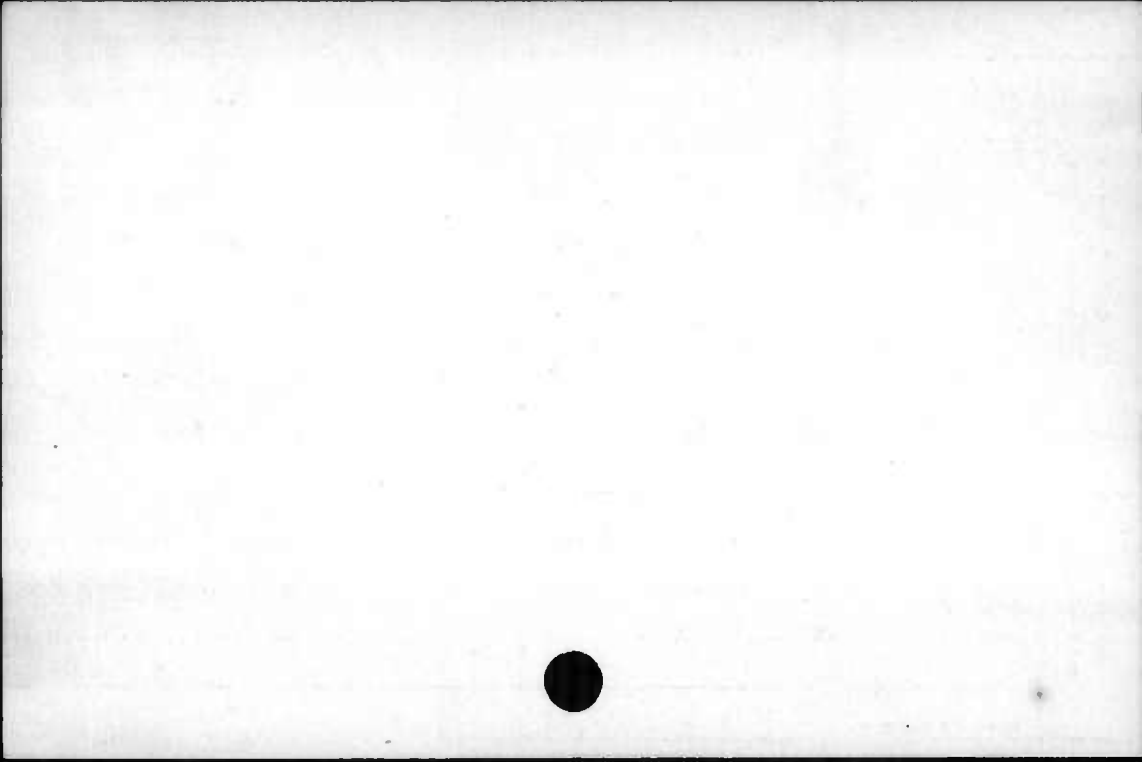
Address

Oaklands

Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Letha Pearl Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

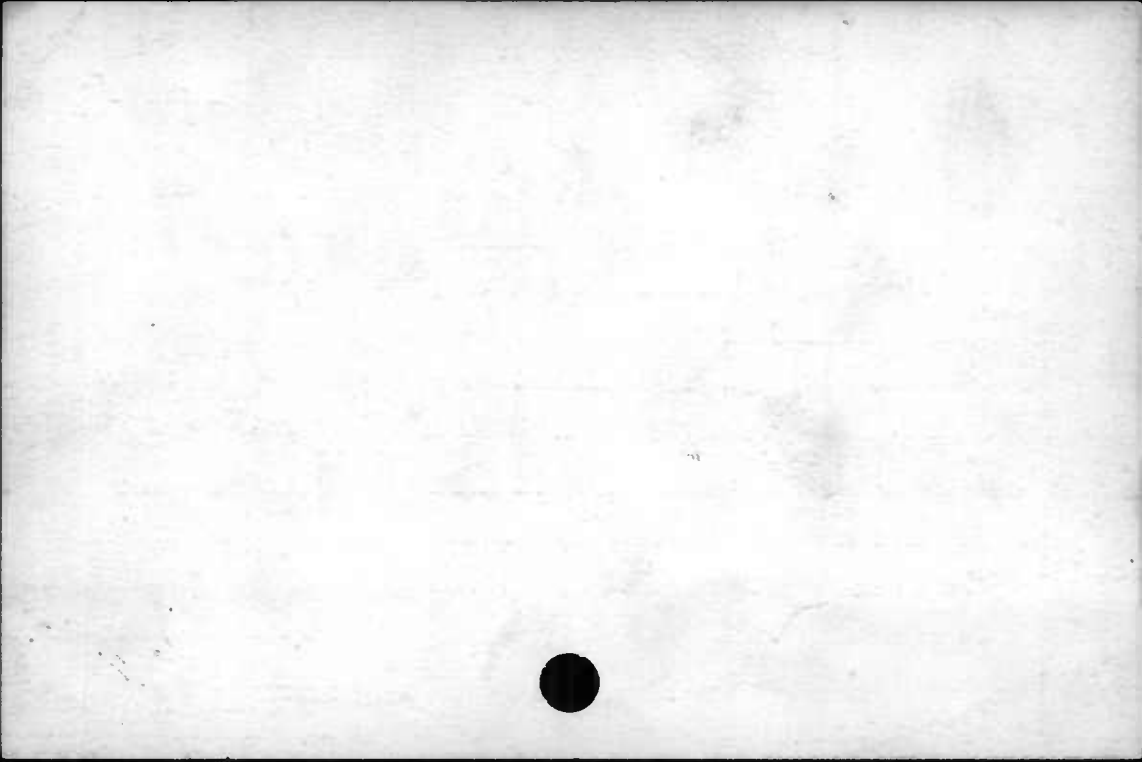
MARYLAND

Died at <i>New Creek</i> ^{Town} <i>md</i> ^{County} <i>Garrett</i>			
Date of death <i>1906</i>	Month <i>Jan</i>	Day <i>11</i>	Age <i>1</i> Years <i>1</i> Months <i>1</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pa</i>	
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Garrett Co.</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Rosy Merrill Thomas</i>		
Father's Name <i>✓</i>	Father's Birthplace <i>✓</i>		
Mother's Maiden Name <i>Rosy Merrill Thomas</i>	Mother's Birthplace <i>Pa</i>		
Name of person giving information <i>Henry H Frank</i>	How related to deceased <i>Step Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis - Measles</i>	How long <i>10 weeks 8 days</i>
Immediate <i>Broncho Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. E. Offner</i>
	Address <i>Corinth W. Va.</i>
Accident or Sulcide? <i>✓</i>	



Name
in
Full

William H. Thrasher

CERTIFICATE OF DEATH

MARYLAND

Died at *Deer Park* Town*Garrett* County

Date

of death *1906*

Month

Feb

Day

22

Age

Years

49

Months

2

Days

8

Sex

*Male*Color or
Race*White*Birth-
place*Virginia*

Occupation

*Painter*Where Residing if not
at place of death*Deer Park Md*Married, Single
or Widowed*Married*Name of Wife or
Husband*Mrs Elisabeth Thrasher*Father's
Name*Jacob Thrasher*Father's
Birthplace*Maryland*Mother's
Maiden Name*Elisabeth Smith*Mother's
Birthplace*Va.*Name of person giving
In formation*Benjamin*How related
to deceased*Brother*

CAUSES OF DEATH

Primary

Alcoholism

How long

2 weeks -

Immediate

Heart Failure

How long

*—*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

*J. H. Cole
Deer Park Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

